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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09804003	FILING DATE 03-12-01				
CLAIMS						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1							51				
2							52				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	11						TOTAL DEP.				
TOTAL CLAIMS	13						TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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